Australian College of Neonatal Nurses Inc.
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www.acnn.org.au ABN 62 075 234 048

Newsletter

June 2018

About the newsletter

This newsletter is the official communication of the Australian College of Neonatal Nurses to its members, produced quarterly in March, June, September and December. It presents information on a range of professional issues and clinical topics of interest to neonatal nurses. Any member of ACNN may contribute.

Articles should be submitted by email as Word documents. Any images should be in jpg format. Referencing style should follow the Vancouver style. All content will be edited to newsletter standard.

Editor: Shelley Reid. Proofreader: Jan Polverino.

Please send correspondence to the newsletter team at newsletter@acnn.org.au

Views expressed in this newsletter are not necessarily those held by the Australian College of Neonatal Nurses Inc.

Next deadline: 1 August 2018

ACNN National Committee 2017 – 2018

Office-bearers

President	Karen Walker
Vice president	Jennifer Dawson
Secretary	Shelley Reid
Treasurer	Karen New

Committee members

Angela Casey
Samantha Lannan (Assistant Treasurer)
Cassandra Prezioso (Assistant Secretary)

Professional Officer - Dr Linda Ng

Conference Coordinator - Jane Roxburgh

President's report

First of all I am delighted to say we have now over 1,000 members – what a great achievement. More than double our membership in three years. Well done to all. But … and there is always a "but"… this is only about 25 per cent of neonatal nurses in Australia. So we still have a way to go. The larger the membership, the stronger our voice and this is something I think is important. There are many issues that we now need to become involved with – politically we should have a strong voice in policy design and implementation.

Our branches and SIG activities continue to evolve and I was delighted to attend the NNP and leadership workshops in Brisbane as well as the Royal Brisbane and Women's Neonatal Seminar and the Queensland Branch meeting. Such great attendance, talks and networking opportunities. The next events on our calendar are the joint Research SIG and NSW Branch seminar in Sydney, the NSW annual country seminar, both in June, the SA branch meeting in July and the national conference in August.

Excitingly, the annual conference, already has over 100 delegates registered. The program is diverse and has some amazing speakers. For the first time, we are hosting a breakfast session with the Miracle Babies Foundation, focusing on parental involvement in clinical care and research. This will be such an important session. I'm delighted that Professor Carol Kenner, president of COINN, will be our invited international speaker. As you know next year with the COINN conference being held in Auckland, ACNN will not hold a conference, instead inviting A/Prof Nancy Feeley to visit and speak at events co-ordinated with all our branches. We also have interest from our WA members to support organising an event, so we plan to take her to Perth as well as other states. The dates will be on the website when finalised but her final event will be in Sydney, incorporating our AGM.

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President's report (cont.)

I'm sure you would all have seen the recent 'crazysocks4docs' campaign on 1 June, which highlighted that 1 in 4 doctors have had suicidal thoughts and 1 in 5 have been diagnosed or treated for depression. This got me thinking about how little we know about stress, anxiety and depression in neonatal nurses, in our friends and our colleagues. Every one of us has different stressors in our lives with which we cope, but sometimes just one additional stressor results in overwhelming anxiety, depression and mental health issues. The stigma around mental health is still evident – how many of us admit that getting out of bed is a struggle some days and that post-traumatic stress in our NICUs, known to affect parents, affects us too. This is not something that has been much talked about in my long career in neonatal nursing, but it should. Kindness is key. We are superb at supporting our babies and families – let's also focus on supporting ourselves and each other. Together we are strong.

Kind regards,

Karen Walker

NSW Branch Seminar, 10 April 2018

The Vue Function Centre, Wollongong Golf Club

The NSW branch committee organised an evening seminar in Wollongong, featuring international speaker Associate Professor Marsha Campbell-Yeo School of Nursing, Dalhousie University, Halifax, Canada. Marsha had been invited to present at the Babies in the Vines Conference, presented by the John Hunter Children's Hospital, and graciously agreed to present at our seminar also.

We had arranged for a second speaker, Dr Adrienne Gordon, from RPA Newborn Care. However, Adrienne had to cancel on the day due to unforeseen circumstances and we were left with that dilemma that we hope doesn't happen – how to find a last-minute replacement for a cancelled speaker. Luckily, Karen Walker was able to come to the rescue with a presentation prepared for a recent event, that she just happened to have on her laptop.

The delegates were understanding and aided by good food and good company, the evening was successful with positive feedback.

ACNN Queensland Branch

Respiratory workshop and dinner seminar

Report by Karen Pearse

On 10 March, the Queensland Branch of ACNN in collaboration with the Logan Hospital Special Care Nursery held a respiratory workshop specifically focused for neonatal nurses working in peripheral special care nurseries. The workshop included a mix of informative lectures and hands-on interactive practical demonstrations and was very well attended. This was followed by an evening dinner seminar off hospital campus.

Karen Hose, Seija Argyros, Neonatal Nurse Practitioners (NNP) from the Royal Brisbane and Women's Hospital (RBWH) and Jane Langford, NNP from the Sunshine Coast University Hospital (SCUH), spoke on specific areas of lung function, mechanics, assessment and ventilation. SCUH opened in 2017 at Kawana, Sunshine Coast and is the newest facility in south east Queensland.

Karen's presentation highlighted what ventilation you need and how to provide it. Karen covered lung mechanics, tips and trouble shooting, terminology, parameters, modes and safe ventilation. In neonates, lung compliance, surfactant production, a flexible chest wall and decreased muscle mass makes getting it 'just right' a challenge for clinicians. The first few breaths are important to establish functional residual capacity (FRC), positive end expiratory pressure (PEEP) and the transition from a fluid-filled to air-filled environment. Queensland state-wide guidelines recommend starting with a PEEP of 8cm H_2O using a NeoPuff device and wean as condition dictates rather than starting lower and having to increase PEEP to support respiration.

With regards to helpful tips and hints, Karen stressed cohesive teamwork and keeping calm were as important to a successful outcome as knowing what equipment to use. Acronyms have become so much a part of everyday language, be it social or work orientated, we run the risk of letting it roll off the tongue without knowing exactly what it is guiding us to treat

and manage. Various modes of mechanical ventilation assist outcomes of lung mechanics.

Moving on from the basics Karen then spoke about the advantages of synchronisation and how it reduces the need for sedation and reducing the risks of lung trauma during ventilation. The immediate advantage of non-synchronisation is that it is simple. However, to be able to initiate supported ventilation, flow sensors are required and knowledge of their function. Decisions as to whether supporting every breath or only breaths that do not achieve adequate lung expansion and tidal volumes is the best approach, deserve careful weighing of pros and cons in each instance. The clear message for successful respiratory management according to Karen's vast knowledge and experience in the NICU is to know your equipment, secure taping of the endotracheal tube, having a chart to reference depth in order to avoid damage to the carina and ensure equal ventilation of both lungs. An x-ray is the gold standard in confirming tube placement, but equally supportive is auscultation and the use of CO_2 detectors. Medical gases should be humidified, SaO_2 target range between 90 – 95% and weaning oxygen and pressures by using both visual assessment and blood gas analysis is paramount in nursing this vulnerable population. Avoiding asynchrony is less stressful for the baby on a ventilator. Finally, but of equal importance, is accurate documentation.

Jane spoke on blood gas interpretation. Not an easy topic and even more difficult if you are not reading and interpreting blood gas results on a day-to-day basis. When drawing blood it is preferable to use the radial artery, as opposed to the brachial artery, or via an umbilical arterial catheter (UAC) for best P_aO_2 and SaO_2 values. Venous blood is more accurate if drawn from an umbilical venous catheter (UVC) or central venous catheter (CVC) than from a peripheral venous specimen. Least useful is a capillary gas, but of course it is the easiest to obtain for a sample. Poor perfusion and cool extremities taint results.

What a blood gas will identify, according to Jane, is oxygenation – the movement of oxygen from the alveoli into the blood stream, and ventilation – the movement of carbon dioxide from the blood to the alveoli and acid base status. Errors can occur when there is an air bubble in the specimen, where dilution of the specimen happens or if there is an extended period time where the specimen sits at room temperature. Acceptable and treatable levels will differ from unit to unit and with treating specialist. Jane gave a broad target reference range of pH 7.35 – 7.45 in the term infant, 7.25 – 7.35 in the pre-term population, P_aCO_2 35 – 45, P_aO_2 50 - 70 in term infants and 45 – 65 in our preterm cohort, HCO_3 22 – 26, BE $^-2$ - $^+2$ and lactate 0.2 – 2. The renal and respiratory systems work together to maintain balance. Acidosis (low pH) or alkalosis (high pH) have a metabolic and respiratory component sometimes with a partial or complete compensation. Just making accurate interpretations of blood gas results is a finely tuned skill. Jane gave examples of when values drift toward acidosis or alkalosis. Acidosis is likely to occur if there is hypoventilation be it from infection, oedema, obstruction or mechanics or should there be underlying renal failure, prolonged diarrhoea and inborn errors of metabolism. Alkalosis is likely to occur with over-ventilation, heart failure, HIE or with prolonged vomiting and gastro intestinal suction. At the conclusion of her presentation, Jane shared six easy steps towards interpretation of blood gas results. When presented with a result ask yourself (1) is the pH normal/alkalotic/acidotic; (2) is the CO_2 normal/alkalotic/acidotic; (3) is the HCO_3 normal/alkalotic/acidotic; (4) match the CO_2 /HCO_3 with pH indicating primary imbalance = respiratory or metabolic; (5) is CO_2 and HCO_3 moving in opposite direction = compensation (6) is P_aO_2 and SaO_2 normal. ROME acronym helps to define respiratory or metabolic cause. RO = respiratory opposite. Alkalosis pH↑ CO_2 ↓; acidosis pH↓ CO_2↑ and ME = metabolic equal. Alkalosis pH ↑ HCO_3↑; acidosis pH↓ HCO_3↓ furthermore 2 comes before 3 RO = CO_2 and ME = HCO_3.

Seija presented an informative session on what processes should occur while 'waiting for the team'. When a newborn requires respiratory support there are helpful broad range numbers and actions that assist peripheral centres to be confident in practice. Intubation is required when failure to ventilate/oxygenate happens.

X-rays

- Neutral position, nil rotation
- ETT tip between T_1 and T_2. Document size, where the tube is cut, depth and secure well
- NGT/OGT *in situ* before image taken
- ECG leads, temperature probes, fluid lines out of the way before x-ray taken
- Be mindful shadows can be seen on images from bedding and incubator structures

Vascular access

- Either peripheral cannula or umbilical venous catheter is required. Fluid choice is 10% Dextrose
- It is preferable to leave umbilical catheters for tertiary centres to insert
- Keep infant NBM with a gastric aspirate recorded and tube on free drainage
- Recent BSL and blood gas
- Cardio respiratory/oxygen saturation and temperature monitoring
- Analgesia/sedation if required with choice of drugs morphine and midazolam
- Be conscious of developmental care and best positioning
- Ensure baby identification and if parents have decided on

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Qld Branch Report (cont.)

a name include this on documentation
- Maintain good communication and documentation between staff caring for and preparing for transfer, the retrieval team and receiving hospital and the parents

Where the diagnosis of HIE is suspected, stopping active warming may be directed and the time this occurs needs to be clearly documented. The retrieval team will commence active cooling.

Following the oral presentations, everyone broke off into small groups rotating through hands-on work stations. These stations focused on the ventilator and troubleshooting the flow sensor, the assistant's role during ETT taping, umbilical insertion, surfactant administration, mediations and practical hints during the stabilisation process.

At the completion of the respiratory workshop day, a dinner seminar was held. There were five speakers in the evening covering a range of topics in neonatal care related situations.

The first speaker was Melanie McKenzie. Melanie has started 'Harrison's Little Wings Inc' after losing her son Harrison, their third child, born with diaphragmatic hernia. Her experience with inadequate models of maternity care saw her become a consumer representative and use this as a power for positive change. The most precious part of her short involvement with neonatal nursing and NICU was when one of the neonatal nurses caring for Harrison relaxed the visiting rules and managed to photograph the whole family which is her only 'family' photo while Harrison was alive. There were many negative aspects of her experience ranging from lack of empathy from the medical team, being isolated from her baby resulting in little bonding time, no postnatal care or linking in with support services after discharge and just being referred back to her general practitioner. Her determination has established a supportive and compassionate program for women and families who have suffered the tragic loss of a child. She is able to assist families with practical help like house cleaning, yard maintenance as well as bereavement care and creating memories. She is working with health professionals to establish standards of care and be a voice for these vulnerable women because of her lived experience.

Melissa Melville, NUM NeoRESQ, based at RBWH gave an overview of the development and evolvement of the service since being established on 31 March 2015. NeoRESQ is a 24-hour service with a 30-minute KPI target to dispatch a retrieval team. NeoRESQ has an onsite team from 06:30 – 23:00hrs and two on-call teams. They continue to work closely with Retrieval Services Queensland to reduce retrieval transport delays. From 30 April 2018 there will be a Clinical Director in addition to an A/Educator and part-time Obstetric Consultant. Of over 1300 retrievals carried out by NeoRESQ the majority have required respiratory support during transport with 48 have requiring nitric oxide therapy.

Melissa then collaborated with Anndrea Flint, NNP from Redcliffe Hospital, to present a case study of a baby presenting at Redcliffe and requiring retrieval. The baby was born at home with the cord around the neck and requiring IPPV from QAS (Queensland Ambulance Service) Officers. Poor maternal history and family social situation was of concern. The baby had skin to skin contact with mum and initiated breastfeeding prior to transfer to Redcliffe Hospital by QAS. On arrival the baby was pale and cyanotic, had poor respiratory effort and the emergency buzzer was activated and baby taken immediately to SCN. Meconium staining was noted, initial gas pH 6.5, CO_2 113. Cooling was commenced, seizures noted at 1½ hrs of age and phenobarbitone given. SaO_2 decreased from 80s to 30s and NeoRESQ had been notified and were now preparing to retrieve baby on HFOV + nitric oxide. Cardiac involvement was assessed and due to no murmur and good femoral pulses it was suspected that this deterioration in condition was not of cardiac focus. Inotropes were commenced and baby was Code 1 retrieval from Redcliffe Hospital to RBWH. Blood results showed a positive blood culture at 12 hours and sepsis was the definitive diagnosis.

The baby remarkably survived this episode following three weeks of ventilation and nitric oxide therapy and a 21-day course of antibiotics. Outcomes suggest a moderate to severe chance of cerebral palsy with neurological assessment currently unremarkable. A challenging case for all involved but one that so poignantly highlights emergency situations can arise at any time in any facility.

With technology continuing to advance at a rapid pace, Linda Cuskelly gave an amazing insight into the world of telehealth. Linda is the Metro North Hospital and Health Service (MNHHS) Telehealth Coordinator. Cisco Jabber is the application used and can be accessed on PC/laptop/smart devices. The cost effectiveness of using this portal has many benefits to patients and staff. On average, 3.2 fatalities per year occur in patients travelling to or from appointments. Waiting times in the outpatient's area are avoided especially beneficial to the older person and those with dementia. Using a multipoint video conference call with camera and speaker participants can speak with and be assessed by specialist health professionals. NeoRESQ is just one of the 30,000 services utilising telehealth. Follow up in the home post discharge, pre-admission, stress testing and halter monitoring along with specialists in metropolitan centres participating with and supporting regional healthcare providers can provide better access to care and hospital avoidance on a telehealth call. Dropouts can happen, however there is a backup 1800 number to call if connection or coverage is interrupted. Dr Karen New PhD gave a brief presentation from the QLD Neonatal Skin Forum Group. Referencing the AWHONN Skin Care Guidelines, 4th edition due for release in June this year, the group is working to put evidence into practice. Skin care and nappy rash products

currently on the market are not tested adequately with no clear labelling as to content and less labelling as to whether the product is suitable for fragile neonatal skin. The forum does not support or advocate for any product or products, however they are developing a trial protocol for comparing nappy dermatitis creams with high zinc oxide content (≥40%) with lower zinc oxide (<40%).

A short general meeting followed the final speaker. Minutes from the meeting are available on the web site.

Special thanks to Katharine Lawler from Logan Hospital who coordinated a great day of learning. Our sincere appreciation and thanks to each of the speakers for sharing their knowledge and skills. The respiratory workshop was well received and as such another is being planned at the next Qld Branch event on 26 October 2018 at SCUH Kawana.

8th Bali International Combined Clinical Meeting, 2018

Miriam Long

The 8th Bali International Combined Clinical Meeting (BICCM) was held in Sanglah, Bali in May this year. This is an important collaborative multidisciplinary meeting between Adelaide and Bali, first convened in May 2011. This year 25 senior clinicians predominantly from the Women's and Children's Hospital in Adelaide visited the Sanglah General Hospital and presented at a four-day clinical meeting with plenary sessions, formal presentations and less formal interactive workshops, with a field trip to Sukawati, Gianyar. The theme for 2018 was *Cancer in Pregnancy*, with a neonatal focus on nutrition and infection control. The Maternal Fetal Medicine multidisciplinary team consisted of obstetricians, gynaecologists, midwives, anaesthetists, neonatologists, neonatal nurse practitioner and nurse as well as infectious disease consultants. The Balinese are very gracious people, who were most welcoming to us and held many group sessions and presentations, and were very open to new learning opportunities.

As part of this collaborative group on my first trip to Indonesia, I was confronted with a blend of basic healthcare and newer technologies with limited funding. What was most obvious though, was the commitment of the nursing staff who do very well with the minimal resources that are available to them. Together with Lee Hussey, a neonatal nurse practitioner, I presented at the Clinical Meeting on 'nutrition in the preterm infant – a nursing perspective', then at the Sanglah General Hospital another presentation on 'neonatal skin care'. At the Sanglah Hospital more nursing students were able to attend and as not all Balinese nurses are fluent in English, this was interpreted for us. Much interest was shown on how to care for the low birth weight neonate as they are having more surviving at lower weights and gestations. One of the biggest concerns is infection control as sepsis is their main cause of high morbidity and mortality. This can be compounded by lack of resources, for example, 0.5% chlorhexidine is unavailable for procedural cleaning, so iodine is used. Some parents decline the use of antibiotics as they are unable to afford them, which can have devastating outcomes. This made me so appreciative of what we have available to us in Australia, and hopeful that we are able to make a difference to hospitals and neonates that are not in as fortunate position as we are.

Neonatal care is therefore somewhat fractured, as some facilities are available, such as modern ventilators, but others are not – like double walled incubators with humidity. Lack of flow sensors makes ventilator use difficult to manage. The neonatal nurses are very good at implementing suggestions, and neurodevelopmental care measures from previous BICCM visits such as nesting and positioning have been implemented well.

A resuscitation workshop was also well received, with neonatal nurses, midwives, medical registrars and neonatologists participating. Education of advanced life support measures included the use of laryngeal mask airway support, pneumothorax aspiration, endotracheal intubation and umbilical vein catheterisation. I feel that this involvement has expanded my knowledge and experience as many visual props were used to convey instructions!

Following this collaborative meeting, a composite multidisciplinary report was presented to Sanglah General Hospital with respectful suggestions on ways to improve outcomes for the Balinese women and their babies. Some members of the Bali group will be visiting Adelaide in October which will enable further education of staff and consolidation of current knowledge.

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I wish to thank the Australian College of Neonatal Nurses SA Branch for sponsorship to attend this valuable meeting. As a neonatal nurse practitioner candidate I have welcomed the opportunity to be involved with this collaborative project. This is a very valuable relationship between Adelaide and Sanglah which is producing positive change. The central theme for the 2019 meeting will be *Clinical Practice Improvement*. It will be fascinating to continue with this worthwhile association.

LRC SIG says thank-you

In the past our articles have showcased our amazing experiences in Papua New Guinea, what we have seen and what we have learned. This time we turn our focus to our colleagues, friends, communities and collaborating organisations who have supported our endeavours.

For the past four years we have been privileged to connect with many like-minded people who would have embraced our SIG and worked with us to help our neighbours. The following is by no means a comprehensive list.

Rotary Clubs

Rotary Clubs across QLD, NSW and SA have invited our members to speak at their functions. From these conversations funds have been raised to purchase equipment including *Helping Babies Breathe* kits and resuscitation masks.

Local church groups

Recently The Gap Baptist Church in Brisbane decided to donate their Dollar Donations from their regular morning teas.

Soroptimist International Brisbane South

These fabulous women packed 100 birthing kits and knitted beanies, over 200 hours of knitting by the team, which were taken up to Goroka.

Bribie Island State School

The great kids and teachers of Bribie Island State School have provided all sorts of fun colouring books, pencils and other school equipment for the children in the Goroka Hospital Paediatric Ward. These donations have been in our luggage nearly every trip that we have made.

Books for PNG Kids

We have partnered with this amazing group for assistance shipping equipment to PNG. Our next joint endeavour is to support the opening of the School of Nursing in Wewak. The school closed down in the 1960s and they are hoping to open their doors again in 2019. However they are in need of nursing textbooks which we will be helping to source.

Equipment company representatives

The equipment reps, from many different companies, have been amazing at finding what we need at really low cost points for us to purchase and donate to the maternity and neonatal units in Goroka.

ACNN Members

Neonatal nurses from Tasmania to Adelaide, Brisbane to Townsville, Melbourne to Regional Australia have stitched neonatal IVT tops, knitted beanies, collected resources, gotten up early to barbeque and stayed late at movie nights and gala dinners.

From the LRC SIG and the staff and families of Goroka Health District, PNG, we say ***thank you***.

Queen's Birthday Honours 2018

Cheryl Ann Norris MACN (AM)

For significant service to nursing, particularly to neonatal paediatrics, as a clinician and administrator, to education, and to the history of nursing in Tasmania.

Research SIG Update

Future nursing workforce shortages: where to from here?

During the past six months the Research SIG has considered how we might contribute to discussion around the future of the nursing workforce in Australian neonatal nurseries. The Australia's Future Health Workforce – Nurses detailed report (https://www.health.gov.au) has estimated an overall workforce shortfall of 85,000 nurses by 2025 and 123,000 by 2030. Additionally, strategies have been theoretically modelled to reduce this shortfall by more than half. We are now beginning to appreciate the importance and urgency in better understanding issues like retention, harnessing new graduates and increasing early career retention in an environment of slower future economic growth and provision of health services.

The Research SIG is especially interested in how we might actively contribute to this discussion to best optimise the impact on the neonatal nursing workforce. To achieve this, we have the following to share with you.

Workshop and Twilight Seminar in Sydney 19 June on neonatal nursing workforce issues where the discussion will be led by the NSW Chief Nursing Officer and leading academics in the field. We encourage all nurses to attend either in person or via our virtual-conferencing platforms.

Additionally, we hope to contribute to the **Queensland Government's neonatal nursing workforce plan** which is aiming to address many of the known issues to support a sustainable workforce plan and implementation strategy through its Clinical Excellence Division and Chief Nursing Officer.

We anticipate that this activity will provide us with opportunity for possible research around these issues.

Annual meeting, August 2018

We have been asked to chair three research-based sessions at the conference. Each of the sessions will focus on different aspects of conducting research in clinical practice. Highlighting experienced and novice researchers' work, as well an education session on preparing for a conference: abstracts, poster preparation and more. Again, we encourage all our colleagues to attend at least one research-based session and look forward to your input and the support you provide for our researchers. We look forward to seeing everyone in Launceston!

Leadership SIG meeting in Brisbane

The Leadership Workshop was held on 24 May at the Royal Brisbane and Women's Hospital Campus. Topics included team culture, mindfulness and well-being, neonatal leadership – present and beyond, and an inspirational journey through music. The day wrapped up with cocktails and was voted a success. Congratulations to the organisers.

L to R: Lyn Chappelle, Angela Casey and Wendy Carlish

Community? A thought for the newsletter

The power of the local community

I have had over 30 years working as a registered nurse, midwife and neonatal nurse. It never ceases to amaze me how ordinary people can be extraordinary. Recently the nursery where I work had a dilemma. We found ourselves in short supply of baby clothes. One of our mums who was just in with her fourth preterm baby heard about it and took it upon herself to start an incredible journey for our nursery. Firstly, she appealed on Facebook to her friends to rally and support the nursery in their local hospital. Wow, what a response! It was overwhelming. The local radio station got involved and the local newspaper did a story. Baby clothes were donated in droves but that's not all. The local community started to donate money which enabled us to set up a trust fund, something we had never had before.

We were incredibly grateful and overwhelmed by the response. The more we discussed the response, the more we realised that often in a small, local hospital, the community does not know what to do … but once they are aware, they will rally.

We meet extraordinary people every day being a nurse/midwife. That's the truly wonderful benefit.

Anndrea Flint
Qld Branch

Farewell to Aileen Newton

Neonatal Nurse/Midwife at Bundaberg Base Hospital, QLD

Aileen has been an inspirational midwife, colleague and friend. She has had a long and varied career, spanning over 40 years. She started working with neonates in the 70s at the Mater Mother's, Brisbane, as part of our valued 'night duty mothers'. She then moved on to Mater Mackay, where her midwifery skills were put to the test. After all her adventures, she decided to settle down in Bundaberg and make it her home.

She was not only a valued team member, but she was part of the foundations that made the Family Unit such a wonderful place to work. She has been described as inspirational, a 'mother confessor', a great listener, a wealth of knowledge, caring and an advocate for all of the special little people she has cared for over the years. She has inspired many and nurtured the younger generations of nurses and doctors, seeing strengths within them that they weren't aware of and encouraged them to excel. She has been witness to many changes throughout her career and has embraced them along the way.

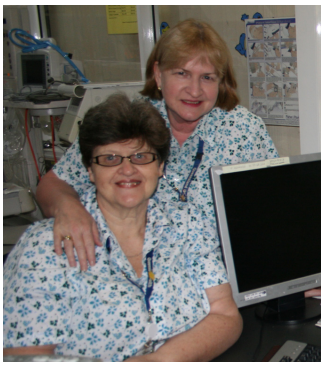
Aileen will most certainly be missed. She was born to snuggle babies. The Family Unit won't feel the same, without her bubbly face. We thank Aileen for all that she has contributed over the years and we hope she has a brilliant retirement.

On a personal note, I would also like to say thank you, a million times for all your support as a colleague and a friend. You will be so missed, you Old Duck, you!

Love,

Linda Hackett and your friends at the Bundaberg Family Unit

L to R: Linda Hackett, Cathy Pal and Aileen Newton



Aileen with Faye Schmeider

Aileen with Karen New

CoNNMO
Coalition of National Nursing & Midwifery Organisations

Representing the national interests of nurses and midwives in all sectors of the health profession

COMMUNIQUE

CoNNMO Member Meeting – Friday 4 May 2018

Office of the Commonwealth Chief Nursing and Midwifery Officer

Karen Cook, Senior Nursing Advisor provided an update. The Department of Health has commissioned KPMG to conduct a cost-benefit analysis of nurse practitioner models to inform future workforce policy. Key stakeholder meetings have been held with ACNP, ANMF and RACGP. The project team will be visiting pilot sites to observe different NP models across the country to develop case studies. The report for this project will be provided to the Minister for Health at the end of the year. CoNNMO member organisations interested in participating in this project should contact Karen Cook. The MBS Review is nearing completion. Committees will be established for nurse practitioners and midwives with scheduled medicines endorsement as part of this review. The National Nursing and Midwifery Education Advisory Network (NNMEAN) has been meeting for two years. There have been sub groups looking at mental health nursing and enrolled nursing. This work has been finalised. The NNMEAN will be winding up in its current form and re-forming as a smaller group of nine organisations. The Commonwealth has taken the lead on developing a National Strategic Approach to Maternity Services (NSAMS). This project will continue until mid-2019. A Project Reference Group (PRG) of jurisdictional representatives and a Project Advisory Group (PAG) of clinicians have been established to oversee this work. Consultation workshops have commenced. There will be approximately 30 workshops held across the country. A public consultation paper has been released on-line. Submissions close Monday 18 June 2018. The consultation paper is available at: https://consultations.health.gov.au/office- of-the-chief-nursing-and-midwifery-officer/national-strategic-approach-to-maternity-services/

Nursing and Midwifery Board of Australia

Tanya Vogt, Executive Officer provided an update. NMBA has just released the new *Midwife Standards for Practice*

which will take effect from 1 October 2018. They are much more streamlined and contemporary. Thank you to all those that participated in the review of these standards. The NMBA now have standards for practice across all the nursing and midwifery titles the NMBA regulate. An advanced practice symposium was held in Canberra in March 2017. One of the agreed outcomes of the symposium was that the NMBA, together with the chief nursing and midwifery officers, would review the definition of advanced practice. The NMBA will be consulting on the revised definition of advanced practice in the next few months. It has now been 12 months since the Nurse and Midwife Support Program was established. The NMBA has received the 12 month report which demonstrates that the program has been a real success. The NMBA encourages CoNNMO members to promote the program to ensure that all nurses and midwives can benefit. The NMBA has commenced a review of the Decision Making Framework (DMF). A literature review is currently being undertaken. The Board conducted an on- line survey on registrants' awareness and understanding of the DMF earlier in the year. The feedback indicated that the framework needs to be more contemporary and less wordy. The Board is undertaking a review of the re-entry to practice pathway. The review involves seeking feedback from participants and supervised practice venues to ensure the pathway is fit for purpose. Currently work is being undertaken on development of a new model for assessment of internationally qualified nurses and midwives. It is anticipated this model will be released mid-2019. The new model will still include an equivalence pathway. The significant change will be the assessment pathway, which currently involves using bridging programs. For further information, visit the NMBA website: www.nursingmidwiferyboard.gov.au

Australian Nursing and Midwifery Accreditation Council

Janine Mohamed, Australian Nursing and Midwifery Accreditation Council (ANMAC) Board Member provided an update. ANMAC is currently reviewing the *Registered Nurse Accreditation Standards*. A collation of responses from the first round of consultation is now available on the ANMAC website. The second stage of consultation is scheduled to commence at the end of May 2018. ANMAC will be holding a forum in Melbourne as part of the second stage of consultation. It is anticipated the review of the standards will be finalised late 2018. ANMAC's Report is available on the CoNNMO website. For further information, visit the ANMAC website: www.anmac.org.au

Australian Digital Health Agency

Angela Ryan, General Manager, Clinical Programs provided an update. The ADHA is progressing the opt-out expansion program. By the end of 2018, every Australian will have a My Health Record, unless they choose not to. Once the Health Minister announces the commencement date, there will be a 3 month opt-out period. More than 5.7 million consumers are already registered for the My Health Record and the number is growing. It is expected numbers will rise sharply by the end of the year. There is also a steady increase in the number of healthcare providers registered. The highest My Health Record usage relates to MBS and PBS. There will be communication from the Australian Health Practitioner Regulation Agency (AHPRA) in the next few weeks regarding the opt-out program of the My Health Record. It will target every registered health practitioner (660,000) and some non-regulated health professionals (total of 1 million). The ADHA has recently started to meet formally with nursing and midwifery organisations. The agency is looking to partner with stakeholders to provide leadership to the nursing and midwifery professions to increase awareness, education and adoption of the My Health Record. Initial target organisations have included: CoNNMO; the Australian Nursing and Midwifery Federation (ANMF); the Australian College of Nurse Practitioners (ACNP); the Australian College of Nursing (ACN); and the Australian Primary Health Care Nurses Association (APNA).The Agency is seeking to collaborate on the development of nursing specific toolkits. The Agency is aiming is to identify and engage clinical champions to support the peer to peer messaging and education of nurses nationally. These champions will sit within a broader pool of clinical champions, including already inducted nurses. For further information, visit the ADHA website: www.digitalhealth.gov.au

ANZCCNO / Nursing and Midwifery Board of Australia – Prescribing

Tanya Vogt, NMBA Executive Officer and Petrina Halloran, NMBA Policy Manager presented on the NMBA's proposed *Registration Standard: Endorsement for scheduled medicines for registered nurses prescribing in partnership*. On recommendation from the Health Workforce Principal Committee (HWPC), the NMBA has worked with the Australian and New Zealand Council of Chief Nursing and Midwifery Officers (ANZCCNMO) to explore potential models of prescribing to determine a model for an endorsement to enable registered nurses (RNs) to prescribe scheduled medicines. The NMBA and ANZCCNMO have consulted with governments, key nursing stakeholders, nurses and consumers to formulate the basis for the new registration standard. The NMBA is proposing the *Registration Standard: Endorsement for scheduled medicines for registered nurses prescribing in partnership*, structured on Model 2 of the Australian Health Ministers Advisory Committee's (AHMAC) endorsed Health Professions Prescribing Pathway (HPPP) - Prescribing under designation/supervision. This model enables prescribing to occur where a prescriber undertakes prescribing, within their scope of practice, under the designation/supervision of another authorised health professional. Public consultation will commence in June 2018. The Board will hold public forums as part of this round of consultation. The Board will also be

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CoNNMO Communique (cont.)

consulting on the guidelines to accompany the registration standard. These guidelines will articulate the partnership relationship, what constitutes safe and effect prescribing and set out the governance relationship.

CATSINaM / Nursing and Midwifery Board of Australia – Cultural Safety

Janine Mohamed, Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINAM) CEO and Tanya Vogt, NMBA Executive Officer presented on cultural safety in the context of the new NMBA Codes of conduct for nurses and midwives. The National Boards, AHPRA and Accreditation Authorities have committed to an Aboriginal and Torres Strait Islander Strategy with a vision of '*patient safety for Aboriginal and Torres Strait Islander People's as the norm*'. To lead this work, an Aboriginal and Torres Strait Islander health strategy group was established. This group, made up of Aboriginal and Torres Strait Islander health sector leaders and representatives from Accreditation Authorities, National Boards and AHPRA, look at how to improve Aboriginal and Torres Strait Islander patient safety, improve health outcomes for all Australians, develop Aboriginal and Torres Strait Islander people's participation in the health workforce, and contribute to closing the gap in health outcomes between Aboriginal and Torres Strait Islanders and other Australians. To work towards culturally safe practice, the NMBA has partnered with CATSINaM to embed cultural safety in the professional standards and codes of conduct for nurses and midwives. They have also developed a joint policy on racism. The new codes of conduct have attracted some media attention over recent months regarding the glossary definition of cultural safety. The review process for the new codes included a review of both the previous codes of conduct and the professional boundaries documents. The review was informed by research, the nursing and midwifery professions and the public. An extensive working group of key stakeholders provided oversight and specialist input for the codes review. The new codes were developed unopposed. Following the inaccurate claims in the media, the NMBA, along with CATSINaM, the ANMF, ACN and ACM, released a joint statement on cultural safety. CoNNMO members have been invited to lend their support by co-badging with the NMBA on the joint statement. Seventeen national nursing and midwifery organisations have signed on to the statement to date. Organisations that also wish to be involved can contact Tanya Vogt.

Aged Care Workforce Strategy Taskforce

Professor John Pollaers, Chairman of the Aged Care Workforce Strategy Taskforce provided an update on the work of the taskforce. The purpose of the taskforce is to develop a strategy for growing and sustaining the workforce providing aged care services and support for older people, to meet their care needs in a variety of settings across Australia. The taskforce's role is to provide guidance on strategic direction, steer the process of developing a strategy and sponsor robust consultation and engagement. The taskforce has held two national summits, workshops and community consultation. They have engaged with over 400 providers and received 684 submissions from the public and organisations. John has spoken at over 70 forums. The taskforce has also established four specialist technical advisory groups. The three themes for transformational change include: shifting attitude, referring access and enhancing life with 15 strategic actions to be completed. The work of the taskforce is to be completed by 30 June 2018.

Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine

Melinda Hassall, Clinical Nurse Lead, Nursing Program, National Policy and Education provided an update. The Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine (ASHM) is a not-for-profit member based organisation. It supports health professionals working in HIV, Viral Hepatitis and Sexual Health Medicine. The ASHM Stigma and Discrimination Project is Commonwealth funded. It is a collaboration, across 8 interventions, with key stakeholders to address systemic barriers, stigma and discrimination experienced by people living with a blood borne virus (BBV) accessing the health system. The Nursing Working Group for Intervention 2 of this project was established at the beginning of 2017. A free on-line learning module for nurses is being developed to raise awareness of stigma and discrimination experienced by people living with BBVs. The module is nearing the final stages of development. Once completed, the module can be accessed through the ASHM website. For further information, visit the ASHM website: www.ashm.org.au

Council report by the CoNNMO Chair and Secretariat is available on the CoNNMO website www.connmo.org.au

Member reports and speaker presentations are available on the CoNNMO website www.connmo.org.au

PSANZ Congress 2018

Angel Wai, CNS

RPA Newborn Care

I am very lucky to have presented a poster at the Congress. It was a very full-on 4-day Congress and I was absolutely information-overloaded. Besides the spectacular views at the ANZ Viaduct Event Centres and the amazing food and beverages. I also met all these passionate researchers and clinicians who devoted their time to looking at ways to improve perinatal outcomes for our mothers and babies. There were several highlights in the Congress.

Networking

It was such a fantastic opportunity to meet different clinicians from all disciplines around perinatal care. I got to know what their work is about and to share experiences among ourselves. I was also pleased to talk to all the sponsors of the Congress. Through the displays, I got to learn all about innovative technologies and products that may come into our practices. This is how I won a bottle of New Zealand wine by scanning the QR codes of the sponsors!

Artificial womb

Some people may find it too science fiction or unrealistic, but I look forward to seeing how it applies to the human and clinical setting in the foreseeable future. Imagine that a preterm baby can be nursed in the artificial womb, which mimics the in-utero environment and allows the baby to grow as if it is still inside the actual womb. This technology takes away a lot of complications such as RDS, CLD, NEC, IVH and PVL that we commonly see in preterm babies. And more importantly, it changes the practices in neonatal care. While it is still a long way before human trial, I think such technology is exciting. So watch that space!

Consumer experience

With the increasing importance of family-centred care in neonatal care, it is vital to hear the consumer perspective. It was such a great talk from Rachel Callander and her story about her and her gorgeous daughter Evie. We as clinicians often forget how powerful language is when delivering sad news (either unfavourable results or diagnosis) to parents. We try our best to deliver the information in an objective manner, but we often forget the psychological impact of language and can hurt their feelings unintentionally.

NICU is a very emotional intense and stressful place for parents. They often feel powerless when their babies are admitted to NICU. As well as overcoming the shock of unexpected delivery with no time to process all the associated information, there are also lots of uncertainties in care and things can be very unpredictable in NICU.

Parents of course are stressed, everyone would be if they are in the same situation. And it is not helpful when staff hand over that “parents are quite anxious and stressed” in front of the parents. When unfavourable news is delivered, parents also repeatedly hear that their children are not normal and will never be normal. As Rachel said in her presentation, this language makes her think of failure rather than helping her to look after little Evie.

Neonatal nurses spend lots of time looking after all the babies in NICU. As much as we love the babies, it is also important to take a step back to remind ourselves: while we may act as the primary carer for these beautiful babies in the very first beginning of their journey, don’t forget their parents are their carers for life. We need to empower the parents to bond with their babies despite being separated from each other.

Queensland Neonatal Nurses Skin Forum: Introduction

In 2014, a dedicated team of neonatal enthusiasts embarked on a Neonatal Skin Care Roadshow around Australia delivering educational sessions which included an introduction to the AWHONN Guidelines, Neonatal Skin crusades, the Australian College of Neonatal Nurses, and National Standards. It was apparent that neonatal nurses have a strong interest in neonatal skincare however were frustrated by the lack of standardisation across the states. The Queensland Neonatal Nurses Skin Forum was formed in May 2016 after a call-out to all Queensland neonatal nurses, both ACNN members and non-members. The Queensland Neonatal Nurses Skin Forum is a dynamic group of 16 nurses, from across Queensland, with a broad range of backgrounds and experience. Members of the group hail from clinical nursing settings to universities, and from regional and urban institutions.

The purpose of the Queensland Neonatal Nurses Skin Forum is to bring together clinical nurse leaders from around Queensland, to work together in providing professional insight into latest research, practice patterns, consumer and parental attitudes, trends and current beliefs. The members of the group identify common challenging issues and the evolving solutions to support nurses in their daily practice. In addition to driving evidence-based practice for neonates and infants, the group is building valuable networks and partnerships to explore concerns common to all neonatal skincare. Part of the group's purpose is to develop new resources based on current evidence-based research, and assist in their distribution and roll-out, of consistent information for neonatal nurses to follow.

The group has produced two posters, designed to provoke thought around current trends, beliefs and misconceptions. The first is in relation to whether bathing in water only, without the use of baby bath solutions is best for babies. From the evidence that we have reviewed, we have determined that it is NOT. And the second poster presents 'Perception versus Reality' in the debate around whether 'Natural, chemical-free or organic products are best for babies'. Again, consumers need to be aware of what these terms imply, the ingredients and whether they have been tested – in particular for newborn skin. Newborn skin is immature and continues to mature and develop up until two years of age and some products may have effects on the acid-mantle of skin.

The group is currently 1) reviewing the literature into what percentage of zinc in zinc-based creams for nappy rash is best, and whether the 'more is better' phenomena applies, 2) investigating medical adhesives used on neonates and babies, and how different tapes and dressings are currently being removed, so as to ultimately prevent skin trauma from adhesive and tape removal, and 3) reviewing literature into neonatal scalp skin injuries from birthing instrumentations.

The group can be contacted via email on neonatalskinforum@gmail.com

or like us on Facebook

Queensland Neonatal Nurses Skin Forum